PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

| L | | E | ffective D | ecember 8 | , 2004 | 26 AF | PR | 2907 | 10 | 15 | 903/6 | |
|--|--|--|-------------------|---|-------------|-----------------------------|------------|--------------------|------------------------|------------|----------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL EN TYPE | TITY | OR | OTHER SMALL | |
| U.S. NATIONAL STAGE FEES | | | | | | |] [| RATE | FEE | 7. | RATE | FEE |
| BASIC FEE | | | | | | | 1 | BASIC FEE | | OR | BASIC FEE | 300 |
| EXAMINATION FEE | | | | | | | 1 | EXAM. FEE | | 1 | EXAM. FEE | 200 |
| SEARCH FEE | | | | | <u>.</u> | | 1 | SEARCH FEE | | 1 | SEARCH FEE | 400 |
| FEE FOR EXTRA SPEC. PGS. | | | minus 100 = | | / 50 |) = | 1 | X \$ 125 = | | 1 | X \$ 250 = | 700 |
| TOTAL CHARGEABLE CLAIMS | | | 2/ minus 20 = * / | | | | 1 | X \$ 25 = | | OR | X \$ 50 = | -7 |
| INDEPENDENT CLAIMS | | | 2 | minus 3 = , | | • | 1 | X \$ 100 = | | OR | X \$ 200 = | 50 |
| MUL | TIPLE DEPEN | IDENT CLAIM PF | RESENT | | | $\overline{\Box}$ | 1 | + \$ 180 = | | OR. | + \$ 360 = | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | 2 | ן נ | TOTAL | | OR | TOTAL | 050 |
| AMENDMENT A | | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | * 5 5 00 00000 | (Colum HIGHE NUMBI PREVIOL PAID F | ST PI | olumn 3) RESENT EXTRA | | SMALL E | ADDI- TIONAL FEE | OR | SMALL E | ADDI- TIONAL |
| | Total | * | Minus | ** | = | | ╏┟ | X \$ 25 = 1 | FEE | OR | : X \$ 50 = | FEE |
| | Independent | * | Minus | *** | = | | - | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRES | SENTATION OF I | MULTIPLE DE | I EPENDENT CI | L _AIM | \sqcap | - | + \$ 180 = | | OR | + \$ 360 = | |
| | | - | | | | | | OTAL ADDIT. | | OR | TOTAL ADDIT. | |
| | | (Column 1) | <u> </u> | (Column | | olumn 3) | | | | · . | | |
| AMENDMENT B | | REMAINING AFTER AMENDMENT | | NUMBE PREVIOU PAID FO | R PR | ESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | = | | ſ | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | = | | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | + \$ 180 = | | OR | + \$ 360 = | | |
| ТО | | | | | | | | OTAL ADDIT. FFF | | OR L | TOTAL ADDIT. | |
| * | If the entry in colu | ımn-1-is-less-than-th | e entry in colum | nn 2, write "0" in c | column 3. | | · · · | | | | | |

lighest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

^{***} If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.